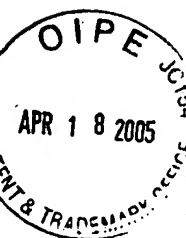


DFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Wen-Chien Hsiao

Atty Docket: HSJ920030044US1

Serial No: 10/624,656

Art Unit: 2652

Filing Date: July 21, 2003

Examiner: Tupper, Robert S.

Title: **LOCALIZED POLE TIP HEATING DEVICE FOR MAGNETIC HEAD FOR HARD DISK DRIVE**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

- ☒ Transmitted herewith is an Amendment for this application.

STATUS

- ☒ Applicant is
☐ a small entity.
☒ other than a small entity.

EXTENSION OF TIME

- ☐ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input type="checkbox"/>	two months	\$ 450.00	\$225.00
<input type="checkbox"/>	three months	\$ 1,020.00	\$510.00
<input type="checkbox"/>	four months	\$1,590.00	\$795.00

Fee \$ _____

- ☐ If an additional extension of time is required please consider this a petition therefor.
- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on April 14, 2005, with the U.S. Postal Service as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Date: April 14, 2005

Patricia Beil

- ☒ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate	Addit. Fee
Total *	Minus *0*	=		X25=	\$	X50=	\$
Indep. *	Minus *0*	=		X100=	\$	X200=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+180=	\$	X360=	\$
				TOTAL ADDIT. FEE	\$	<i>OR</i>	TOTAL ADDIT. FEE
							\$

- ☒ No additional fee for claims required.
☐ Total additional fee for claims required \$_____.

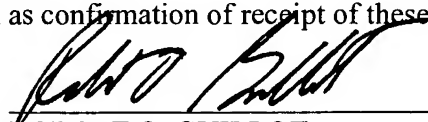
FEE PAYMENT

- ☐ Attached is a check in the sum of \$_____
☐ Charge Account No. 08-3240 the sum of \$_____.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

- ☒ In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 08-3240. A duplicate of this authorization is enclosed for that purpose.
- ☒ Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: April 14, 2005


ROBERT O. GUILLOT
Reg. No. 28,852

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